



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200

**DRAFT**

Task Force on Culturally and Linguistically
Competent Physicians and Dentists
Working Group on Continuing Education
and Cultural Competency Certification
400 R Street, Room 1030
Sacramento, California 95814
April 9, 2002
9:00 a.m. – 10:30 a.m.

Task Force Working Group Members Present:

Jack Broussard Jr., D.D.S., California Dental Association
Anil Chawla, M.D., Clinicas del Camino Real
Suzanna Gee, Associate Managing Attorney, Protection and Advocacy, Inc.
Newton Gordon, D.D.S., UCSF School of Dentistry
Arnoldo Torres, Executive Director, California Hispanic Health Care Association

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs
Anita Scuri, Senior Staff Attorney, Department of Consumer Affairs

Call to Order – Establish a Quorum - Introductions:

The Meeting was called to order at 10:04 a.m. by Kristy Wiese, Acting Chair. All members present introduced themselves.

Review of Minutes from March 12, 2002 Meeting:

The March 12, 2002 meeting minutes were reviewed. The motion to approve the minutes were made by Broussard and seconded by Gee and unanimously approved.

Review of Discussion Paper:

The chair began the meeting by providing a brief recap of the March 12, 2002 meeting. As a result of the meeting, a draft summary of the discussion paper was prepared by staff that outlined proposed recommendations, specifically outlining continuing education programs and language proficiency standards to be acquired to meet linguistic competency.

Ms. Wiese advised that Mr. Joseph requested that the document from the March 12th meeting be amended to add whether the continuing education should be a mandatory requirement as a condition of licensure renewal for physicians. A wide range of options should be available for physicians who wish to pursue voluntary certification from basic continuing education to a more in-depth voluntary certification program.

The working group is currently evaluating the following issues:

- Should continuing education be voluntary or mandatory?
- How will the voluntary certification program be defined?
- What should the standards consist of?
- What agency will certify that linguistic competency has been fulfilled?

Ms. Wiese requested that Dr. Broussard and Dr. Gordon provide input from the dental perspective, as the requirements for dentists are not comparable to physicians and much of the group's discussion has previously focused on physicians.

Dr. Broussard advised that currently dental schools offer some basic language courses in college. Since most dental providers tend to work in single person offices and not hospital settings, dental students should be required to acquire basic language skills. Unlike dentists, physicians have more personnel to assist them with interpreting services. A fundamental difference is that dental schools across the state are more diverse. Many students are from diverse backgrounds that speak Farsi, Chinese, Vietnamese in their native language as well as English.

Ms. Scuri remarked that the Dental Board has regulatory authority to require mandatory courses and continuing education and would not need statutory authority for such a requirement.

Ms. Wiese asked Dr. Gordon if it would be realistic to require all dentists as a condition of license renewal to meet continuing education requirements on cultural competency. Dr. Gordon responded yes, that it would assure achieving compliance.

Ms. Wiese advised that presently the Medical Board requires that physicians have continuing education in specific subjects; including pain management and gerontology.

Ms. Wiese asked Dr. Broussard if he thought that the single office private practice dentist utilized interpreters. Dr. Broussard responded that he believed they were rarely used. The overhead cost would become too costly and burdensome on the providers.

Dr. Gordon conveyed that model dental programs that could be emulated would be those utilized in the State of New York and Canada. New York dental students must complete a one-year internship as a requirement for licensure in the public health field. After graduates attend an additional year in the residency program in a hospital or community based environment, students fulfill the licensure requirements and are not required to take the license examination. This allows the school to certify competency to practice and presents a more comprehensive model.

Mr. Torres recommended not distinguishing between the dental and medical professions. He suggested it should be voluntary in the beginning and then phase in the requirement. Because this is a brand new field, assessments and reviews should be established to evaluate the progress within two or three years from the provider and patient perspectives.

Dr. Broussard advised that some of the deans from dental schools appeared to be initially supportive of requiring cultural competency and continuing education in regards to licensure.

Mr. Torres responded that he thought that the California Dental Association opposed mandatory education requirements for medical and dental schools.

Mr. Torres favored supporting recommendations that would give contract preferences to dentists and doctors who have a higher percentage of culturally and linguistically competent providers. He felt that contracts should be amended to give preferential scoring and bonus points when new contracts were being chosen.

Ms. Wiese commented that at the prior meeting there was discussion that included incorporating linguistic competency requirements into Medi-Cal and mental health contracts. This could be amended to include Healthy Families for consistency across state programs.

Ms. Gee advocated requiring a minimum of mandatory continuing education. She said this could be done in smaller increments to obtain units that would ensure the practitioner could learn some basic skills that would assist the client population that they serve and ultimately allow equal access for non-English speaking patients.

Ms. Wiese replied that perhaps there was a need for a multi-tiered approach that included mandatory requirements, voluntary requirements and incentives for physicians who seek voluntary certification.

Dr. Chawla advised that she concurred with Ms. Gee as far as recommending that there be a threshold on the number of units that students are required to obtain in language proficiency.

Proposed Recommendations:

The group identified the following recommendations to forward to the Task Force:

- Amend Healthy Families, Medi-Cal and mental health contracts that would require providers to demonstrate competency. The terms of the contract would indicate that based upon the population served, a percentage of the providers would have to complete cultural and linguistic language classes and certify competency.
- Based upon the population served, incorporate a bonus point system when granting or renewing contracts.

Identification of Future Agenda Topics:

Ms. Wiese proposed, and the group concurred, that the following process should be pursued:

Revise the Draft report that outlines the discussion and recommended proposals that should be forwarded to the full Task Force for consideration.

Review the draft report at the next working group meeting, which would be scheduled prior to the July 9th Quarterly Task Force meeting, for finalizing and forwarding the Committee's report to the Task Force.

Public Comment:

Steve Birdlebough, Friends Committee on Legislation, shared his observations on the subject. Mr. Birdlebough stated that it appeared there were three separate issues that the working group is contemplating with retraining current providers to deliver better services, keeping new employees current with the population base they are serving, and managing the delivery system.

Mr. Birdlebough recommended that the Task Force focus on improving current measurements by conducting exit interviews and speaking to the people who receive services. He suggested that by changing the contract terms before establishing qualifications could be setting the program up for failure or a setback. Mr. Birdlebough reiterated that the Task Force should focus on establishing measurements and then building incentives down the road.

Meeting Adjourned at 10:25 a.m.